

**Title I Teacher Referral Form-Reading**  
**Grades 3-6**

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Based on classroom assessments, please indicate how this student is scoring in relation to the rest of the class.

Skill	Above average	Average	Below average	Date/Type of Assessment
Ability to predict events				
Ability to compare/contrast				
Understands opinion/fact				

2. Where does this student rank overall in your classroom?

Top 1/3	Middle 1/3	Bottom 1/3

3. DIBELS score

Advanced	Benchmark	Strategic	Intensive

4. MontCAS score:

Novice	Nearing proficient	Proficient	Advanced

5. Does the student have an IEP?

Yes	No

**Scoring:**

- Enter one (1) point for each time the student scored Below Average.
- Top 1/3=0 points      Middle 1/3=1point      Bottom 1/3=2 points
- Advanced=0    Benchmark=0    Strategic=1    Intensive=2
- Proficient/Advanced=0    Nearing proficiency=1    Novice=2

5. No points awarded for this section.

Question	Points
1	
2	
3	
4	
Total	

A final score of seven (7) points or more results in a referral for Title I services.